

Date Received _____

Approval: Granted _____ Denied _____



CHAPLAINCY EMPLOYMENT APPLICATION

Grant County Sheriff's Chaplaincy Program

214 East Fourth Street, Marion, IN 46952 • (765)-662-9836 x2125

PERSONAL & CONFIDENTIAL INFORMATION

Name: _____
(Last) (First) (Middle) (Maiden Name)

Home Address: _____
Street City State Zip Code

Male: _____ Female: _____ Date of Birth: _____ Email: _____

Place of Birth: _____ Phone Number: _____

Soc. Sec. # _____ Current Occupation: _____

Date of Hire: _____ Business Phone: _____

Employer: _____ Supervisor: _____

In case of an emergency, notify _____
Name Phone

Relationship: _____

PREVIOUS EMPLOYMENT

Occupation: _____ Dates of employment _____ to _____ Business Phone _____

Employer: _____ Supervisor: _____

Occupation: _____ Dates of employment _____ to _____ Business Phone _____

Employer: _____ Supervisor: _____

PREVIOUS RESIDENCE INFORMATION

List last three places of residence. Note most recent first.

Address: _____ City: _____ State: ____ Zip: _____

Date from _____ to _____

Address: _____ City: _____ State: ____ Zip: _____

Date from _____ to _____

Address: _____ City: _____ State: ____ Zip: _____

Date from _____ to _____

EDUCATION

High School: _____

Name

Location

Years Attended: _____ Date Graduated: _____ GED _____

College: _____

Name

Location

Years Attended: _____ Date Graduated: _____

Other Education _____

Do you speak any foreign languages? If so, what? _____

MILITARY (If Applicable)

Branch: _____ Dates of Service: _____

Type of discharge: _____

ACTIVITIES

Please list all current memberships and involvements in the Grant County Community:

MINISTRY INFORMATION

Current Church Attending: _____ Pastor: _____

Address: _____ Phone: _____

Denomination Affiliation: _____

List churches served (most recent served):

_____ Location: _____ Dates: _____

_____ Location: _____ Dates: _____

List current and past leadership positions in church:

Briefly state when you were saved and how God has called you to minister to inmates and or their families:

List any experiences with jail ministry or related special ministry to the community (if applicable):

REFERENCES

Name	Phone	Occupation
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1. _____

2. _____

3. _____

4. _____

OTHER INFORMATION

Have you ever been arrested? _____

If so, state the reason, data, location, and the disposition for each charge. _____

Do you personally know any inmate currently in the Grant County Jail? _____

If so, state the name and how you know the person: _____

*I certify that the above information is correct to the best of my knowledge, and I understand that the Chaplaincy Board of Directors has the responsibility of overseeing the Chaplaincy Program and will examine this application and my references.

Applicant's Signature: _____ Date: _____

Attach
Copy of
Valid Driver's License
& Ministerial License
(If applicable)

GRANT COUNTY SHERIFF'S DEPARTMENT
APPLICANT'S REQUEST/WAIVER TO RELEASE INFORMATION

*I hereby authorize all persons to whom this request (original or reproduction), having information relating to or concerning me, to furnish such information to the Grant County Sheriff's Chaplaincy Ministry for a NCIC criminal back ground check by a duly appointed employee of the Grant County Sheriff's Department.

*I am aware that this information may be of personal nature and may otherwise be protected from disclosure by my constitutional rights and/or statutory or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms and corporations from all claims, of any nature, as result of said communication or disclosure.

Information to be disclosed:

NCIC Criminal History Check

Signature of Applicant

Date

Printed Name of Applicant

Grant County Sheriff's Chaplaincy Program

The CROSS and the BADGE BOTH SAVE LIVES

Ministry Statement

The Grant County Sheriff's Chaplaincy Program concentrates on the essentials of the Christian faith indicated in the following Statement of Faith. In His service, we are called together in unity, focusing on the Word of God alone, not espousing any particular denominational stance which would divide us. All volunteers involved in Bible studies, teaching or other programs of the Chaplaincy Program, must subscribe to this statement

Statement of Faith

“For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life. For God did not send his Son into the world to condemn the world, but to save the world through him.”

John 3:16-17

We believe in one God, Creator and Lord of the Universe, the coeternal Trinity; Father, Son and Holy Spirit

We believe that Jesus Christ, God's son, was conceived by the Holy Spirit, born of the Virgin Mary, lived a sinless life, died as a substitutionary atoning death on the Cross, rose bodily from the dead and ascended into heaven where as truly God and truly man, He is the only mediator between God and man.

We believe that the Bible is God's authoritative and inspired Word. It is without error in all its teaching, including creation, history, its own origins and salvation. Christians must submit to its divine authority, both individually and corporately, in all matters of belief and conduct, which is demonstrated by true righteous living.

We believe that all people are lost sinners and cannot see the Kingdom of God except through new birth. Justification is by grace through faith in Christ alone.

We believe in one holy, universal and apostolic Church. Its calling is to worship God, and witness concerning its Head, Jesus Christ, preaching the Gospel among all nations and demonstrating its commitment by compassionate service to the needs of human beings and promoting righteousness and justice.

We believe in the necessity of the work of the Holy Spirit for the individual's new birth and growth to maturity, and for the Church's constant renewal in truth, wisdom, faith, holiness, love, power and mission.

We believe that Jesus Christ will personally and visibly return to glory to raise the dead and bring salvation and judgment to completion. God will fully manifest His kingdom when He establishes a new heaven and new earth, in which He will be glorified forever and will exclude all evil, suffering and death.

My signature indicates that I understand and agree with both the **Ministry Statement** and the **Statement of Faith**.

Applicant's Signature: _____ Date: _____